2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P03000054692 1. Entity Name 04-03-2006 90374 043 ***150.00 F.I.N.D. CORP. Principal Place of Business Mailing Address 1126 S FEDERAL HWY #431 1126 S FEDERAL HWY #431.) FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address South Feller Hishun 1126 South e, Apt. #, etc. 04012006 Chg-P CR2E034 (11/05) City & State Fort lu alerdule 4. FEI Number Applied For FORT levelephele FL 83-0362256 Not Applicable 333<u>16</u> Country USA \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUTZMAN, LEIGH C ESQ 1501 NW 49 STREET Street Address (P.O. Box Number is Not Acceptable) # 202 FORT LAUDERDALE, FL 33309 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VM TITLE Delete TITLE ☐ Change ☐ Addition LAZENBY, ERIC T NAME NAME Delete STREET ADDRESS 1126 SOUTH FEDERAL HWY #431 STREET ADDRESS FT LAUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP TITLE BARRY HIKIN, PRESIDENT ☐ Delete TITLE ☐ Addition HIKIN, BARRY NAME NAME 1126 South Falenal History #192) 1126 S FEDERAL HWY #431 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33316 CITY-ST-ZIP FluRida 33316 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee improvered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment pith an abdiess, with all other like empowered.

4-1-06

Date

Daytime Phone #

FILED